

ALAN M. ARAKAWA
Mayor



LYNN A.S. ARAKI-REGAN
Economic Development Coordinator

OFFICE OF ECONOMIC DEVELOPMENT

COUNTY OF MAUI

200 SOUTH HIGH STREET, 6TH FLOOR, WAILUKU, MAUI, HAWAII 96793, USA

Telephone: (808) 270-7710 · Facsimile: (808) 270-7995 · Email: economic.development@co.maui.hi.us

Aloha!

The attached is the County of Maui Office of Economic Development Grant Application for your review and completion. The sooner we receive your completed grant application, the sooner we will be able to review and process your grant request.

The following outlines the procedures to complete your application:

Step 1. Complete and submit attached grant application form, along with the required documentation (including tax clearance from the State of Hawai'i and the Internal Revenue Service for any grant requests over \$5,000) to OED.

Step 2. Application is reviewed by OED and other appropriate staff for a decision on whether to recommend approval of the application as submitted. Meetings may or may not be required with applicant.

Step 3. OED drafts grant agreement using the grant application from applicant; OED includes or excludes conditions it deems meritorious for event/project/program completion. OED thereafter forwards the draft to Corporation Counsel via Office of the Mayor for review and approval. It then finalizes the agreement with revisions/corrections as dictated by Corporation Counsel, grantee and other appropriate staff. Original agreement is forwarded for signature by grantee representatives, Corporation Counsel, Budget Director, Finance Director, and Mayor. To complete the process, which is expected to take between one and two months, the signed agreement is processed by Finance Department.

If the grant agreement is approved and processed, monies will be transmitted to the Grantee on a request for reimbursement basis. As indicated in the Grant Agreement:

Grantee shall submit on their agency's letterhead written reimbursement requests to the County for payment of grant funds. Payment shall be made as work is performed and the required invoices, billing statements, or other documents are submitted. Each reimbursement request shall: a) Be authenticated as to its accuracy by the Grantee and verified by a designated County official; b) Include a certification by Grantee that the work for which payment is requested was performed in accordance with the terms of this Agreement; c) Include the breakdown of the budget amount, along with an itemized breakdown of the reimbursement amount; and the remaining itemized balance (for an example, see page 8); c) Include copies of receipts, canceled checks, vendor agreements, and/or other documentation providing verification of work completed in accordance with this Agreement. d) Be presented in duplicate, with two complete sets

of all items submitted. Final payment on this Agreement shall be available upon completion of Grantee's Program, receipt by County of a final written report from Grantee acceptable to County, and receipt of original tax clearance certificate for Grantee from the State of Hawai'i Department of Taxation.

As indicated above, all Grantees will be required to attach the "Reimbursement Request Form" to the other required documentation when submitting a payment request. This form will assist the County of Maui in determining approximate payment items.

Written status reports are required on a quarterly basis. Request for payment will be denied unless quarterly reports are in file and current. Final written reports are due upon completion of the project or at the completion of the grant, whichever is first.

Please be advised that a tax clearance certificate from the State of Hawai'i and the Internal Revenue Service is required prior to final payment for grants \$25,000 or more.

If you have any questions, please do not hesitate to contact me at 270-7710, or email me at lynn.araki-regan@co.maui.hi.us.

Sincerely yours,

A handwritten signature in black ink, appearing to read 'Lynn A.S. Araki-Regan'.

Lynn A.S. Araki-Regan
Economic Development Coordinator

**COUNTY OF MAUI OFFICE OF ECONOMIC DEVELOPMENT
REQUEST FOR GRANT ASSISTANCE**

GRANT APPLICATION FOR:

Project Title

FISCAL YEAR ENDING: 06-30-200

DATE OF APPLICATION: - -

**GRANTING AGENCY: County of Maui Office of Economic Development
200 South High Street, Wailuku, Hawai'i 96793
Telephone: (808) 270-7710 Facsimile: (808) 270-7995**

APPLICANT

1. LEGAL NAME OF NON-PROFIT ORGANIZATION:

2. MAILING & STREET ADDRESS: _____

CITY _____ STATE _____ Zip _____

3. CONTACT PERSON: _____

4. PHONE NO.: _____ FAX NO.: _____

5. EMAIL ADDRESS: _____

6. FEDERAL I.D. NUMBER: _____

7. AMOUNT OF REQUEST OF COUNTY FUNDS: \$ _____

8. HAS THE APPLICANT APPLIED FOR/RECEIVED ANY OTHER FUNDS FROM THE COUNTY OF MAUI THIS FISCAL YEAR?

Yes ☐ Sources:

No ☐ Amounts:

Complete the following questions and statements (numerals I to III). Please indicate response with numeral and letter corresponding to question. Please utilize this format and do not bind or put your application in booklet form. Using this format will enhance the Grant Review Committee's understanding of your project. If you wish to include items outside of this format, please place them at the end of the application in the Additional Attachments section (III).

Indicate how funds will be used in one sentence: _____
_____.

I. GENERAL INFORMATION

A. Project Summary: Your summary of the project should include the public purpose(s) to be achieved, what is to be provided, how it is to be provided and the results.

B. Introduction: Tell us about your organization and its members, if any.

C. Problem/Need and Target Groups: Provide justification for the request. Define and quantify the economic problems and needs to be addressed and the geographic areas and population to be served. Explain how the request will maintain or expand an existing program or establish a new one. Please be very specific.

D. Goals and Objectives: State the goals of the proposed project and economic impact to Maui County to be achieved. List the specific project development objectives to be achieved. Goals should number at least two, and each should have a set of specific objectives. Each objective must have a date for accomplishment and must be measurable and verifiable. For example, "we plan to increase tourism by 30% in 3 months".

E. Schedule of Action Steps to Achieve Objectives: For each objective listed above, describe the action steps to be taken to achieve the objectives. Include a time line for the execution of specific activities. For first time events, programs, or projects, include a plan/timeline for future economic self-sufficiency, developing other revenue sources, etc.

F. Use of Community Resources: Provide a brief analysis of existing community resources available to assist in meeting identified needs and problems. Explain how the proposed program will interface and coordinate with these and other pertinent resources. Explain how your program will utilize Maui County labor sources, products, and materials.

G. Methods: Explain in detail how you will accomplish your program: what activities will take place, who will be involved, and how results will be evaluated. Please explain why you are using this methodology and substantiate why you feel this is the best method for accomplishing the goal.

H. Evaluation: Referring back to your objectives (D.), explain exactly how you will measure your progress or accomplishment of these objectives after completion of the program, or on an ongoing basis, if applicable.

I. Alternatives: List alternative ways to address the identified needs and problems if this grant is not funded in part or in full. Are matching funds dedicated to the program? If so, describe. Explain how you plan to bring this program to self-sufficiency, and in what time frame this will be accomplished.

II. REQUIRED DOCUMENTATION

- A.** Budget (please refer to sample budget)
- B.** Recent Audited Financial Statement
- C.** Indication of Non-Profit Status
- D.** Roster of Board of Directors
- E.** By-laws of the Organization
- F.** Existing Agreements, Leases, or Contracts with the County of Maui and/or State of Hawai'i
- G.** Organization's Policy Statement on:
 - 1) Alcohol and Drug Free Work Place Program
 - 2) Litter Control/Recycling
 - 3) Youth Training/Education
 - 4) Participation in Community Programs
- H.** Written Policies and Procedures

III. ADDITIONAL ATTACHMENTS (OPTIONAL)

This may include letters of recommendation, support, past program summaries, etc.

IV. APPLICANT SUBMITTAL

_____ submits this
(Applicant)
application as required to receive Maui County Economic Development grant funds for

_____ (Project Name)
and hereby agrees to administer the project in accordance with the contract prescribed by the County of Maui Office of Economic Development. Distribution of grant funds is limited to those applicants who are in compliance with regulations, policies and procedures. The Office of Economic Development reserves the right to withhold such distributions at any time the applicant/grantee is not in compliance.

It is the policy of the County of Maui, a political subdivision of the State of Hawaii, whose principal place of business is 200 South High Street, Wailuku, Maui, Hawaii 96793, hereinafter called the "COUNTY", and for those who do business with the County to provide equal employment opportunities to all persons regardless of race, physical disabilities, color, religion, sex, age or national origin as mandated by the Federal Civil Rights Acts, as amended, and any other federal and state laws relating to equal employment opportunities.

V. AUTHORITY AND CAPACITY

The applicant assures that it has the authority and capacity to develop and submit the application, and to carry out a project pursuant to the application.

VI. CONTRACTS

Contract for a grant shall not be disbursed unless and until a fully executed grant agreement is entered into between the COUNTY and the recipient. The terms of this application shall be incorporated between the COUNTY and the recipient. Each grant agreement shall expressly state that the GRANTEE is an independent contractor and not an employee of the County and provide that the recipient or provider shall indemnify and hold harmless the County, the appropriate contracting agency, and the involved officers, employees, and agents from and against all claims, damages, or costs arising out of or in connection with the acts or omissions of the recipient or provider.

VII. CONTINUED ELIGIBILITY

Any GRANTEE who withholds or omits any material facts to the County of Maui shall be in violation of the terms of this Agreement and may be liable to reimburse a portion of any funds received herein. Such GRANTEE shall be prohibited from receiving any grant, subsidy or purchase of service Agreement from the County of Maui for a period of five years.

CERTIFICATION

(Unsigned proposals will not be accepted.)

The applicant certifies that the data in this application are true and correct and that the Applicant shall comply with the assurances set forth in this application.

Name, title and address of official(s) authorized to sign for applicant organization:

APPLICANT: _____

PROJECT TITLE: _____

NAME OF AUTHORIZED
REPRESENTATIVE: _____

Its: _____

(Signature of authorized representative)

(Date)

SAMPLE BUDGET

**DO NOT ATTACH THIS SAMPLE
BUDGET TO YOUR GRANT APPLICATION**

ITEMS	REQUESTED FROM COUNTY	OTHER SOURCES	TOTAL
PERSONNEL			
Resource Developer	-0-	38,000.00	38,000.00
Secretary (.5 FTE)	-0-	18,000.00	18,000.00
Fringe (10%)	-0-	5,600.00	5,600.00
TOTAL PERSONNEL	-0-	61,600.00	61,600.00
OPERATIONS			
Office Supplies	-0-	3,000.00	3,000.00
Postage	-0-	600.00	600.00
Telephone	-0-	1,800.00	1,800.00
Travel	-0-	600.00	600.00
Resource Materials	-0-	7,500.00	7,500.00
Promotional Advertising	10,000.00	-0-	10,000.00
Information Booklet	5,000.00	-0-	5,000.00
TOTAL OPERATIONS	15,000.00	13,500.00	28,500.00
TOTAL EXPENDITURES	<u>15,000.00</u>	<u>75,100.00</u>	<u>90,100.00</u>
ESTIMATED REVENUE (SPECIFY SOURCES)			

SAMPLE REIMBURSEMENT REQUEST FORM

Grantee Name: _____

Project: _____

Request #4

Date: February 5, 2005

<u>Line Item</u>	<u>Grant Amount</u>	<u>Draw 1</u>	<u>Draw 2</u>	<u>Draw 3</u>	<u>Draw 4</u>	<u>Balance</u>
Promotion & Marketing	\$13,714.04	\$1,057.06	\$1,821.41	\$4,528.52	\$6,307.05	0
Collateral & Printing	\$3,842.63	\$69.10	\$2,536.98	\$19.60	\$162.23	\$1,054.72
HTFC Travel	\$1,396.90	\$141.90	\$286.00	\$296.00	\$673.00	0
Telephone & Web	\$1,046.43	\$53.88	\$317.14	\$219.76	\$455.65	0
Administration	\$12,000.00	\$1,780.00	\$2,249.99	\$2,970.00	\$5,000.01	0
Container	\$10,000.00				\$7,145.79	\$2,854.21
Total:	\$42,000.00	\$3,101.94	\$7,211.52	\$8,033.88	\$19,743.73	\$3,908.93